$\frac{\text{GUIDE TO COMPLETING APPLICATION FOR COVID-19 CONDITIONAL}}{\text{MEDICAL RELEASE}^*}$

This guide is designed to help incarcerated individuals and their advocates complete the Application for COVID-19 Conditional Medical Release.

- 1. Offense(s). List the offense or offenses that are the basis for your current term of incarceration. You do not need to include a list of your entire criminal history, just the conviction(s) that is the reason you are currently incarcerated.
- 2. <u>Sentence</u>. List the length of your sentence. You should list the full term of your sentence, not just how much longer before your scheduled release date. For example, simply state "48 months" if that is the sentence that was imposed.
- 3. <u>Describe your serious medical condition</u>. This section asks what specific serious medical conditions put you at higher risk of suffering grave harm if you were to contract COVID-19. Listed below are some of the medical conditions that the Centers for Disease Control (CDC) has said *might* put people at higher risk for severe illness from COVID-19:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised due to conditions like HIV or AIDS, cancer treatment, or organ transplantation.
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

If you have any of these conditions, you should include them in your application along with any other medical conditions that you think are serious and put you at higher risk of grave harm if you were to contract COVID-19.

4. <u>Identify one or more specific residences or placements where you know you can live if released, including addresses and, if a private residence the name and age of each person living there.</u>

If you have a home to return to, or you have friends or family that are willing to let you live with them, list them. Make sure that you check with these individuals before listing them because they will be contacted to confirm their willingness to let you reside with them.

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The information in this guide has been provided by Minnesota's law schools.

5. <u>Do you know if you are eligible for veteran's benefits or other state or federal healthcare coverage?</u>

If you are a veteran and have access to veteran's medical coverage, say so on the form. If you think you are eligible for health insurance under a spouse or other family member's private health insurance, identify the holder of the policy. Medical Assistance (MA) is available for individuals who are low-income and do not have the resources to pay for private medical care. If you are low-income and cannot pay for private medical care, state that you believe you are eligible for MA and plan to apply for MA.

6. Explain why you believe that you pose no threat to the public.

Explain what you have done to show rehabilitation since your conviction. What treatment or programming have you completed while incarcerated? What changes have you made that show you would not pose a risk to the public? Be specific.

Do not assert that you are innocent of the offense for which you are incarcerated, or that you were never a threat to the public. Rather, focus on who you are today and why you are not a threat to others.

7. Describe your release goals.

Explain what you will do if you are conditionally released. This might include obtaining employment and housing, or maintaining mental health and sobriety. List your goals and briefly explain how you plan to meet them.

8. <u>Identify and provide contact information for at least two people who will serve as your support network if released.</u>

Provide detailed contact information for these individuals. Provide email, cell number, or other contact information. Make sure that these individuals are willing to act as your support during your release because they will be contacted to verify their willingness to act as your support network.

Additional Questions?

If you have any additional questions about completing the application, you may contact your caseworker.

Law students and clinicians at the three area law schools have also volunteered to offer assistance in completing the application. If you would like assistance from them, please contact Mitchell Hamline School of Law's Lamp and Reentry Clinics at 651-695-7706 or covidrelease@mitchellhamline.edu.